

ARIZONA DEPARTMENT OF HEALTH SERVICES DIVISION OF BEHAVIORAL HEALTH SERVICES DIVISION DOCUMENT REVISION NOTICE

The Arizona Department of Health Services/Division of Behavioral Health Services has revised the below referenced document(s), indicated by **BOLD** print and the symbol **[X]**. The attached memorandum includes a detailed description of the changes impacting the selected document(s). The revised document(s) will be posted to the ADHS/DBHS website on or around July 10, 2006. Please direct any questions regarding this Division document revision notice to Stewart McKenzie at (602) 364-4655 or via electronic mail at mckenzs@azdhs.gov.

DIVISION DOCUMENT	ADHS/DBHS PROVIDER MANUAL	ADHS/DBHS POLICY AND PROCEDURES MANUAL	ADHS/DBHS PROGRAM SUPPORT PROCEDURES MANUAL	ADHS/DBHS COVERED BEHAVIORAL HEALTH SERVICES GUIDE
REVISION [X]				[X]
DIVISION DOCUMENT	CLIENT INFORMATION SYSTEM (CIS) FILE LAYOUT AND SPECIFICATIONS MANUAL	OFFICE OF GRIEVANCE AND APPEALS DATABASE MANUAL	ADHS ACCOUNTING AND AUDITING PROCEDURES MANUAL	FINANCIAL REPORTING GUIDE FOR REGIONAL BEHAVIORAL HEALTH AUTHORITIES
REVISION [X]				
DIVISION DOCUMENT	ADHS/DBHS QUALITY MANAGEMENT/UTILIZATION MANAGEMENT PLAN	ADHS/DBHS PREVENTION FRAMEWORK FOR BEHAVIORAL HEALTH	AHCCCS MEDICAL POLICY MANUAL-CHAPTERS 900 AND 1000	ADHS/DBHS STRATEGIC PLAN
REVISION [X]				
DIVISION DOCUMENT	ADHS/DBHS CULTURAL COMPETENCE PLAN	ADHS/DBHS CLINICAL GUIDANCE DOCUMENTS	TITLE XIX CHILDREN'S BEHAVIORAL HEALTH ANNUAL ACTION PLAN	
REVISION [X]				

**Arizona Department of Health Services
Division of Behavioral Health Services
Memorandum**

Date: July 10, 2006
To: Stakeholders
From: Jennifer Vehonsky, Acting Chief, Division of Compliance
Re: **Final Changes to the ADHS/DBHS Covered Behavioral Health Services Guide Version 5.9**

The following is a summary of the final revisions to the ADHS/DBHS Covered Behavioral Health Services Guide, Version 5.9. The final revisions will be posted to the ADHS/DBHS website on or around July 10, 2006. Please note that the Memorandum distributed on July 6, 2006, included **PROPOSED** changes to the guide. The changes described in this Memorandum represent the **FINAL** changes that are to be implemented by Tribal and Regional Behavioral Health Authorities and their contracted behavioral health providers.

Section I. F. 7. Core Billing Limitations

1. Clarifying language has been added to subsections a.2 and a.3. In subsection a.2 it states, "For all services except case management and assessment services, the provider may not bill any time associated with phone calls, leaving voice messages, sending emails and/or collateral contact with the enrolled person, family and/or other involved parties as this time is included in the rate calculation." In subsection a.3 it states, "The provider may only bill the time spent in face-to-face direct contact; however, when providing assessment, case management services, the provider may also bill indirect contact. Indirect contact includes phone calls, leaving voice messages and sending emails (with limitations), picking up and delivering medications, and/or collateral contact with the enrolled person, family and/or other involved parties.

REPLACE PAGE 21

Section II. D. 1. Case Management

1. Billing limitation item number 6 has had language added concerning the use of voice mail and email when providing case management services. The new language states:
 - Written electronic communication (email) and leaving voice messages are allowable as case management functions. These functions are not to become the predominant means of providing case management services and require specific documentation as specified below.
 - Written electronic communication (email) must be about a specific individual and is allowable as case management, as long as documentation (a paper copy of the email) exists in the case record.
 - When voice messages are used, the case manager must have sufficient documentation justifying a case management service was actually provided. Leaving a name and number asking for a return call is not sufficient to bill case management.

- When leaving voice messages, a signed document in the client chart granting permission to leave specific information would be required.

REPLACE PAGES 78 and 79 (new page)

Section II. D. 7. Supported Housing

1. Billing limitation number 2 has been added to state, "Direct payment for supported housing services to the behavioral health recipient and/or his/her family are not permitted."

REPLACE PAGE old 94 with new 95

Section II. D. 9. Non-Medically Necessary Covered Services

1. The General Definition section has been revised to include the Arizona State Hospital (ASH) Transition Fund as a type of "flex fund" service. A reference to the ADHS/DBHS Policy and Procedures Manual Section MI 5.4, Arizona State Hospital Transition Fund has also been added. T/RBHAs must submit encounters under the flex fund code (S9986) in order to use the ASH Transition Fund.

REPLACE PAGE old 97 with new 98

Section II. D. 10. Transportation

1. Added Provider Types (PT) 85 (Licensed Clinical Social Worker), 86 (Licensed Marriage/Family Therapist) and 87 (Licensed Professional Counselor) to code A0160 (Non-emergency transport, mile-case worker or social worker).

REPLACE PAGE old 103 with new 104

2. Billing limitation number 9 is new and states, "A provider may bill for transportation services provided to a behavioral health recipient in order to receive a Medicare covered service."

REPLACE PAGE old 109 with new 110

Section II. H. 1. Supervised Behavioral Health Treatment and Day Programs

1. The description of code H2015 (Comprehensive Community Support Services Supervised Day Program) has been changed to clarify that the time period between five and six hours can be billed using this code. The previous description stated, "6 hours to 10 hours in duration." The new description states, "Greater than 5 hours up to 10 hours in duration." The billing unit for code H2015 is per 15 minutes. Code H2012 for Supervised Behavioral Health Day Treatment is per hour up to 5 hours in duration.

REPLACE PAGES old 142 and 143 with new 143 and 144

Section II. H. 3. Community Psychiatric Supportive Treatment and Medical Day Programs

1. Billing limitation number 3 previously stated, "A physician assistant who supervises community psychiatric supportive treatment and medical day programs may not bill this function separately." As a result of a review by the Medical Director, it was brought to

our attention that a physician assistant would not be supervising this type of staff and as a result, the limitation is inappropriate and has been removed.

REPLACE PAGES old 149 with new 150

Appendix B-2, ADHS/DBHS Allowable Procedure Code Matrix:

1. All services with an end date greater than two (2) years old have been removed from the B-2 matrix. **RBHAs should keep a copy of the current B-2 matrix dated March 2006 as it is the last version that will have all the previous codes.**
2. Added Provider Types (PT) 85 (Licensed Clinical Social Worker), 86 (Licensed Marriage/Family Therapist) and 87 (Licensed Professional Counselor) to code A0160 (Non-emergency transport, mile-case worker or social worker).
3. Added Place of Service (POS) 15 (Mobile Unit) to office or other outpatient visit evaluation and management procedure codes 99201 through 99205 and 99211 through 99215, and to office consultation procedure codes 99241 through 99245.
4. Updated Fee For Service (FFS) rates for numerous procedure codes to match PMMIS per notification from AHCCCS.
5. Added Provider Type (PT) 73 (Out-of-state or 1 Time FFS Provider) to the B-2 matrix to allow for payment to one time, short term providers.

REPLACE APPENDIX B-2

Appendix B-5, Billing Limitations Matrix:

Appendix B-5, Billing Limitations Matrix, has been updated to match current covered service limitations in the Guide and to match the current Appendix B-2, ADHS/DBHS Allowable Procedure Code Matrix. Changes to this matrix are detailed below.

1. Corrected billing restrictions for H0018 (short term residential) and H0019 (long term residential) to remove transportation restrictions.
2. Removed H2014HQ (skills training-group) from H2014 (skills training) and removed H2014 (skills training) from H2014HQ (skills training-group).
3. Removed procedure codes 99311 (initial nursing facility care ...), 99312 (subsequent nursing facility care ...) and 99313 (subsequent nursing facility care ...) from billing limitations.
4. Removed H0018 (short term residential) and H0019 (long term residential) from codes H0046 (mental health services, NOS), S9986 (non-medically necessary services) and T1013 (sign language or oral interpreter services).
5. Added codes S5140 (foster care-adult) and S5145 (foster care-child) to codes H2014 (skills training), H2014HQ (skills training-group) and H2017 (psychosocial rehab services).

6. Added code S5151 (unskilled respite) to code T1020 (personal care).
7. Added codes H2014HQ (skills training-group), H2017 (psychosocial rehab) and S5151 (unskilled respite) to codes S5140 (foster care-adult) and S5145 (foster care-child).
8. Removed codes H0018 (short term residential) and H0019 (long term residential) from codes H2011 (crisis intervention services) and H2011HT (2 person crisis intervention services).
9. Removed respite codes S5150 and S5151 from day treatment program codes H2019, H2020, H0036, H0036TF and H0037.
10. Removed codes H0018 (short term residential) and H0019 (long term residential) from code H0046SE (room and board).
11. Removed all transportation codes from billing limitations document (no restrictions remain).

REPLACE APPENDIX B-5

For persons maintaining a hard copy of the ADHS/DBHS Covered Behavioral Health Services Guide:

Summary of Replacement Appendices and Page Numbers

Section	Replace
Covered Services Guide	Pages 21, 78 through 170 because of pagination
Appendix B-2	Page old 155 with new 156 and Entire Appendix
Appendix B-5	Page old 158 with new 159 and Entire Appendix